

To: Ms Debra Williams 703 230 Gordon E. Nelson 617-788-0392 May-2001 10:47 Pg 2 of 4
05/01/2001 TUE 10:47 FAX 1 703 788 3711 CALIX 001

09/674804

30 MAR 2001

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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	motoro01.001
	First Named Inventor	T. Brightman
	COMPLETE IF KNOWN	
	Application Number	PCT/US99/10002
	Filing Date	7 May 1999
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Digital Communications Processor

the specification of which

(Title of the invention)

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY) 7 May 1999 as United States Application Number or PCT International

Application Number PCT/US99/10002 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
	US		<input type="checkbox"/>	YES NO
	US		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	US		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/084,705	5/8/98	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/105,823	10/27/98	

[Page 1 of 2]

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To: Ms Debra Williams 703 230 Gordon E. Nelson 617-788-0392 May-2001 10:47 Pg 3 of 4
05/01/2001 TUE 10:47 FAX 1 703 788 3711 CALIX 002

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 23247

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Gordon E. Nelson	30,093		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number or Bar Code Label 25247 OR ☒ Correspondence address below

Name	Gordon E. Nelson				
Address	57 Central St., P.O. Box 782				
Address					
City	Rowley	State	MA	ZIP	01969
Country		Telephone	978-948-7632	Fax	617-788-0392

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Thomas B.		Brightman			
Inventor's Signature				Date	
Residence: City	North Hampton	State	NH	Country	US
				Citizenship	US
Post Office Address	12 Ship Rock Rd.				
Post Office Address					
City	North Hampton	State	NH	ZIP	03862
				Country	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

30 MAR 2001

09/674864

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 DESIGN
 PATENT APPLICATION
 (37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number motoro01.001

First Named Inventor T. Brightman

COMPLETE IF KNOWN

Application Number PCT/US99/10002

Filing Date 7 May 1999

Group Art Unit

Examiner Name

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Digital Communications Processor

the specification of which (Title of the Invention)

☐ is attached hereto
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
	US		<input type="checkbox"/>	YES	NO
	US		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	US		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
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[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

25247

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Gordon E. Nelson	30,093		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

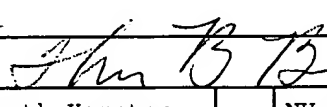
Direct all correspondence to: ☒ Customer Number or Bar Code Label 25247 OR ☒ Correspondence address below

Name	Gordon E. Nelson				
Address	57 Central St., P.O. Box 782				
Address					
City	Rowley	State	MA	ZIP	01969
Country		Telephone	978-948-7632	Fax	617-788-0392

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname					
Thomas B.		Brightman					
Inventor's Signature			Date	11/21/00			
Residence: City	North Hampton	State	NH	Country	US	Citizenship	US
Post Office Address	12 Ship Rock Rd. US						
Post Office Address							
City	North Hampton	State	NH	ZIP	03862	Country	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

11/21/20
11/14/77

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Andrew T.		Brown					
Inventor's Signature	<i>Andrew T. Brown</i>					Date	
Residence: City	Fort Collins	State	CO	Country	US	Citizenship	US
Post Office Address	208 S. Grant Ave.						
Post Office Address							
City	Fort Collins	State	CO	ZIP	80521	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
John F.		Brown					
Inventor's Signature	<i>John F. Brown</i>					Date	3-27-00
Residence: City	Wellesley	State	MA	Country	US	Citizenship	US
Post Office Address	30 Washburn Ave.						
Post Office Address							
City	Wellesley	State	MA	ZIP	02181	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
James A.		Barrell					
Inventor's Signature	<i>James A. Barrell</i>					Date	
Residence: City	Harvard	State	MA	Country	US	Citizenship	US
Post Office Address	3 Ohlin Ln						
Post Office Address							
City	Harvard	State	MA	ZIP	01451	Country	US

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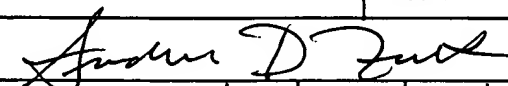
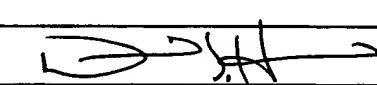
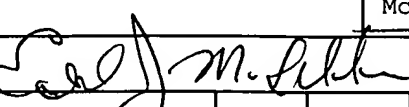
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+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Andrew D.				Funk			
Inventor's Signature				Date			
Residence: City	Boxford	State	MA	Country	US	Citizenship	US
Post Office Address	81 Willow Rd.			US			
Post Office Address							
City	Boxford	State	MA	ZIP	01921	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
David J.				Husak			
Inventor's Signature				Date			
Residence: City	Windham	State	NH	Country	US	Citizenship	US
Post Office Address							
Post Office Address	15 Lancaster Rd.			US			
City	Windham	State	NH	ZIP	03087	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Edward J.				McLellan			
Inventor's Signature				Date			
Residence: City	Holliston	State	MA	Country	US	Citizenship	US
Post Office Address							
Post Office Address	5 Washington Path			US			
City	Holliston	State	MA	ZIP	01740	Country	US

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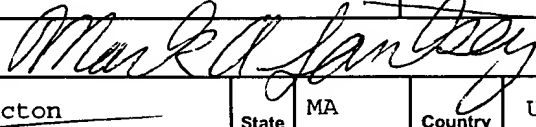
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Donald A.				Priore			
Inventor's Signature				Date			
Residence: City	Maynard	State	MA	Country	US	Citizenship	US
Post Office Address	27 Dix Rd.						
Post Office Address							
City	Maynard	State	MA	ZIP	01751	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Mark A.				Sankey			
Inventor's Signature				Date			
Residence: City	Acton	State	MA	Country	US	Citizenship	US
Post Office Address	90 Newton Rd. <i>CL</i>						
Post Office Address							
City	Acton	State	MA	ZIP	01720	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Schmitt			
Inventor's Signature				Date			
Residence: City	Princeton	State	MA	Country	US	Citizenship	US
Post Office Address	26 Whitaker Lane						
Post Office Address							
City	Princeton	State	MA	ZIP	01541	Country	US

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Donald A.				Priore			
Inventor's Signature				Date			
Residence: City		Maynard	State	MA	Country	US	Citizenship
Post Office Address		27 Dix Rd.					
Post Office Address							
City		Maynard	State	MA	ZIP	01751	Country
						US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Mark A.				Sankey			
Inventor's Signature		<i>Mark A Sankey</i>		Date			
Residence: City		Acton	State	MA	Country	US	Citizenship
Post Office Address		90 Newton Rd. US					
Post Office Address							
City		Acton	State	MA	ZIP	01720	Country
						US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Schmitt			
Inventor's Signature		<i>Paul Schmitt</i>		Date			
Residence: City		Princeton	State	MA	Country	US	Citizenship
Post Office Address		26 Whitaker Lane US					
Post Office Address							
City		Princeton	State	MA	ZIP	01541	Country
						US	

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PTO/SB/02A (3-87)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Inventor, If any:

☐ A petition has been filed for this unsigned inventor

Family Name or Surname

Priore

Date

State

MA

Country

US

Citizenship

US

State

MA

ZIP

01751

Country

US

Name of Additional Inventor, If any:

☐ A petition has been filed for this unsigned inventor

Family Name or Surname

Country

Date

State

MA

Country

US

Citizenship

US

State

MA

ZIP

01720

Country

US

☐ A petition has been filed for this unsigned inventor

Family Name or Surname

Schmitt

Date

Residence: City

Princeton

State

MA

Country

US

Citizenship

US

Post Office Address

26 Whitaker Lane

Post Office Address

City

Princeton

State

MA

ZIP

01541

Country

US

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Donald A.				Priore			
Inventor's Signature	Donald C. Priore					Date	2/27/01
Residence: City	Maynard	State	MA	Country	US	Citizenship	US
Post Office Address	27 Dix Rd. <u>US</u>						
Post Office Address	01754						
City	Maynard	State	MA	ZIP	01754	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Mark A.				Sankey			
Inventor's Signature						Date	
Residence: City	Acton	State	MA	Country	US	Citizenship	US
Post Office Address	90 Newton Rd.						
Post Office Address							
City	Acton	State	MA	ZIP	01720	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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